

## **Exhibit 3**

6055 2298 0000 0020 6102

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee	\$ 7.20
Extra Services & Fees (check box, add fee as appropriate)	
<input checked="" type="checkbox"/> Return Receipt (hardcopy)	\$ 5.70
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$ 3.60
Total Postage and Fees	\$ 16.50
Sent To Joseph Murphy, US Atty W.D. Tenn.	
Street and Apt. No., or PO Box No. 167 North Main Street Suite 800	
City, State, ZIP+4® Memphis, TN 38103	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

CERTIFIED MAIL  
JUN 03 2021  
Postmark Here  
THE UPS STORE 3423

- Complete items 1, 2, and 3.  
■ Print your name and address on the reverse so that we can return the card to you.  
■ Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Joseph Murphy  
U.S. Attorney, Western Dist. of  
Tennessee  
167 North Main Street  
Suite 800  
Memphis, TN 38103



9590 9402 5327 9154 2872 34

## 2. Article Number (Transfer from service label)

7019 0700 0000 8627 5309

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Signature                          | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery      | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery       | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                      | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery  | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                             |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (\$500) |   |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt